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Application Number	10692893
Filing Date	10/24/2003
First Named Inventor	KENT W. SAVAGE
Title	HAND-HELD THERAPY APPARATUS AND METHOD
Art Unit	3769
Examiner Name	DAVID M. SHAY
Attorney Docket Number	011263U53

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature		Date	March 31, 2010
Name	Michael E. Marion	Telephone	(914) 333-9637
Title and Company	Authorized Signatory, Philips Electronics North America Corp.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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